

This form **must** be typed (excluding check marks) and **both sides** must be completed. Send an **original** signed copy of this form; resume; and law school transcript(s), to the address listed in the accompanying instructions **no later than 5:00 p.m. on Friday, October 1, 2004.**

GRADUATE DEGREE CLASS RANK (if applicable): \_\_\_\_\_

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**SECTION III - Clerkships** (For Judicial Law Clerks only)

NAME OF JUDGE: \_\_\_\_\_ PHONE NUMBER (Chambers): (\_\_\_\_) \_\_\_\_\_

COURT: \_\_\_\_\_ U.S. Supreme Court \_\_\_\_\_ Federal Circuit \_\_\_\_\_ Federal District  
(check one) \_\_\_\_\_ DC Court of Appeals \_\_\_\_\_ DC Superior Court \_\_\_\_\_ Other Federal

For "Federal Circuit" or "Other Federal" courts, state full name of Court and location \_\_\_\_\_

Dates of clerkship (beginning to end): \_\_\_\_\_

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**SECTION IV - Area of Interest** (Indicate only one area of interest)

\_\_\_\_\_ Family Law \_\_\_\_\_ Criminal Law \_\_\_\_\_ Civil Litigation

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**SECTION V - Law School Courses & Activities** (Check all appropriate lines and provide all other requested information)**LAW REVIEW/JOURNAL PARTICIPATION:**Selected based on grades \_\_\_\_\_  
Selected based on writing competition \_\_\_\_\_  
Article/Comment Published \_\_\_\_\_  
Editorial Position \_\_\_\_\_**MOOT COURT:**Voluntary \_\_\_\_\_  
National/Regional Team \_\_\_\_\_  
Moot Court Board \_\_\_\_\_**BOOK AWARD:**

Subjects: \_\_\_\_\_

**CLINICAL PROGRAM:** \_\_\_\_\_**TRIAL ADVOCACY PROGRAM:** \_\_\_\_\_**GRADUATE DEGREE (NON-LEGAL):**

(Please indicate field of study and degree awarded) \_\_\_\_\_

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**D.C. OFFICE OF THE ATTORNEY GENERAL****EXPERIENCE:** (check for Yes) \_\_\_\_\_

If checked, please provide the following:

Position(s): \_\_\_\_\_

Name of Supervisor(s): \_\_\_\_\_

Unit(s) of Office: \_\_\_\_\_

Dates of Affiliation: \_\_\_\_\_

**LAW SCHOOL COURSES TAKEN IN THE FALL 2004 QUARTER/SEMESTER:****LAW SCHOOL COURSES BEING TAKEN IN THE WINTER/SPRING 2005 QUARTER/SEMESTER:**

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**SECTION VI - Military Service and Veterans Preference**

Are you a Veteran of any branch of the armed services? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please indicate: \_\_\_\_\_ (branch of service); \_\_\_\_\_ (yrs. of service)

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**SECTION VII - Survey (Optional)**

FOR STATISTICAL PURPOSES, WE WOULD APPRECIATE YOUR CHECKING THE FOLLOWING CHARACTERISTICS THAT APPLY TO YOU. (Please note that provision of this information is voluntary and is sought by the Office of the Corporation Counsel for statistical purposes only.) The Office of the Corporation Counsel is an equal opportunity/reasonable accommodation employer.

\_\_\_\_\_ Female \_\_\_\_\_ Disability  
\_\_\_\_\_ Male Please specify: \_\_\_\_\_

**Please choose only one of the following categories:**

\_\_\_\_\_ White \_\_\_\_\_ Asian/Pacific American  
\_\_\_\_\_ Black (African American) \_\_\_\_\_ Native American (American Indian, Alaskan Native)  
\_\_\_\_\_ Hispanic American/Latino \_\_\_\_\_ Multi-racial  
\_\_\_\_\_ Other Minority (Please specify: \_\_\_\_\_)

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**SECTION VIII - Signature, Certification, and Release of Information**

YOU MUST SIGN THIS APPLICATION. Read the following carefully before you sign.

**I understand that a false statement on any part of my application may be grounds for not hiring me, or for firing me after I begin work (D.C. Code § 1-616.51 *et seq.* (2001)). I understand that the making of a false statement on this form or materials submitted with this form is punishable by criminal penalties pursuant to D.C. Code § 22-2405 *et seq.* (2001). I understand that any information I give may be investigated as allowed by law or Mayoral order. I consent to the release of information regarding my suitability for District of Columbia government employment by employers, schools, law enforcement agencies, and other individuals and organizations, to investigators, personnel staffing specialists, and other authorized employees of the District of Columbia government. I certify that, to the best of my knowledge and belief, all of my statements are true, correct, and complete and made in good faith.**

Signature (sign in ink) \_\_\_\_\_

Date \_\_\_\_\_